

Introduction

PROJECT OVERVIEW

WHY: Direct Observations allow real-time feedback & allow learners to grow/develop professional identity

HOW: Implement an inpatient Direct Observation Pilot to evaluate resident performance according to Entrustable Professional Activities in the inpatient setting modeled on current ambulatory Direct Observations

PROJECT AIMS

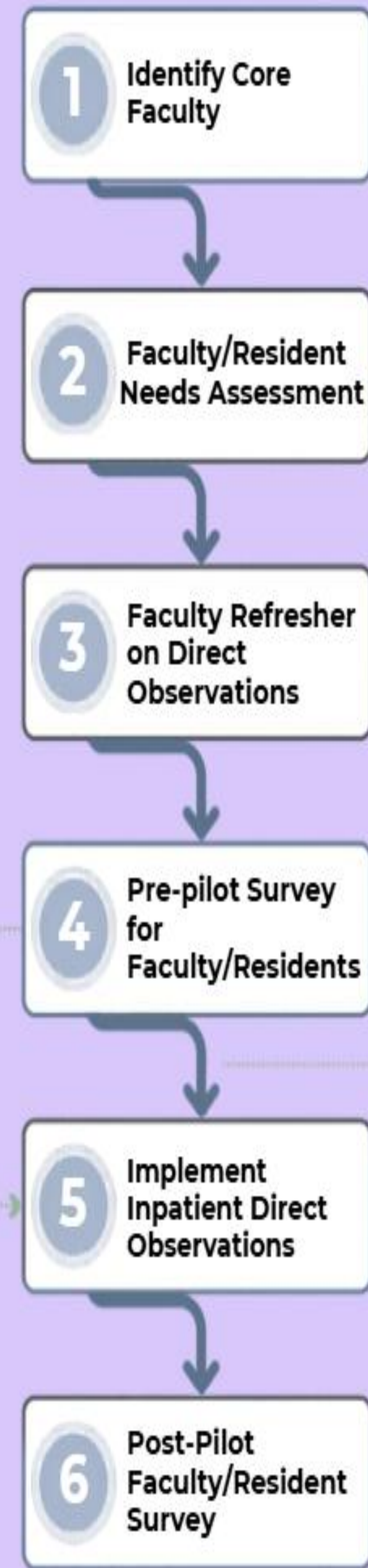
- ❖ Implementation of Inpatient Direct Observations
- ❖ Develop resident proficiency in Entrustable Professional Activities for inpatient wards
- ❖ Develop faculty proficiency with Direct Observations

PROJECT MEASURES

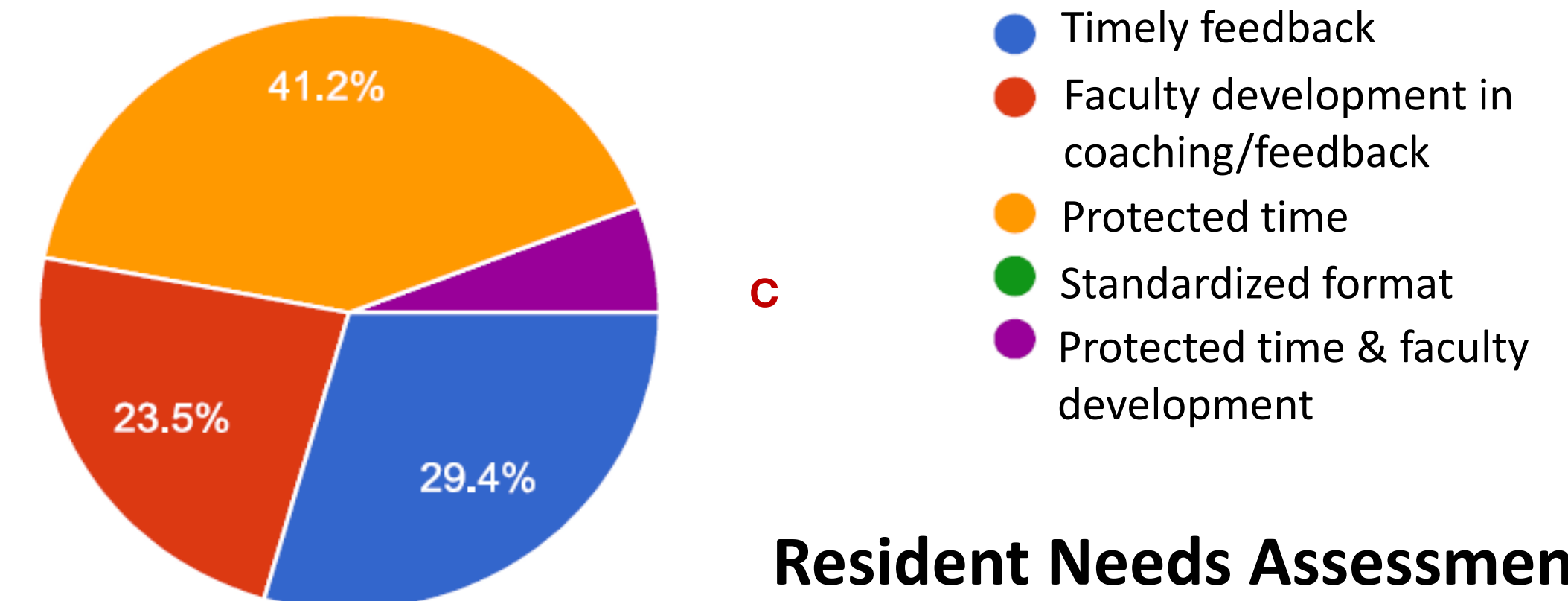
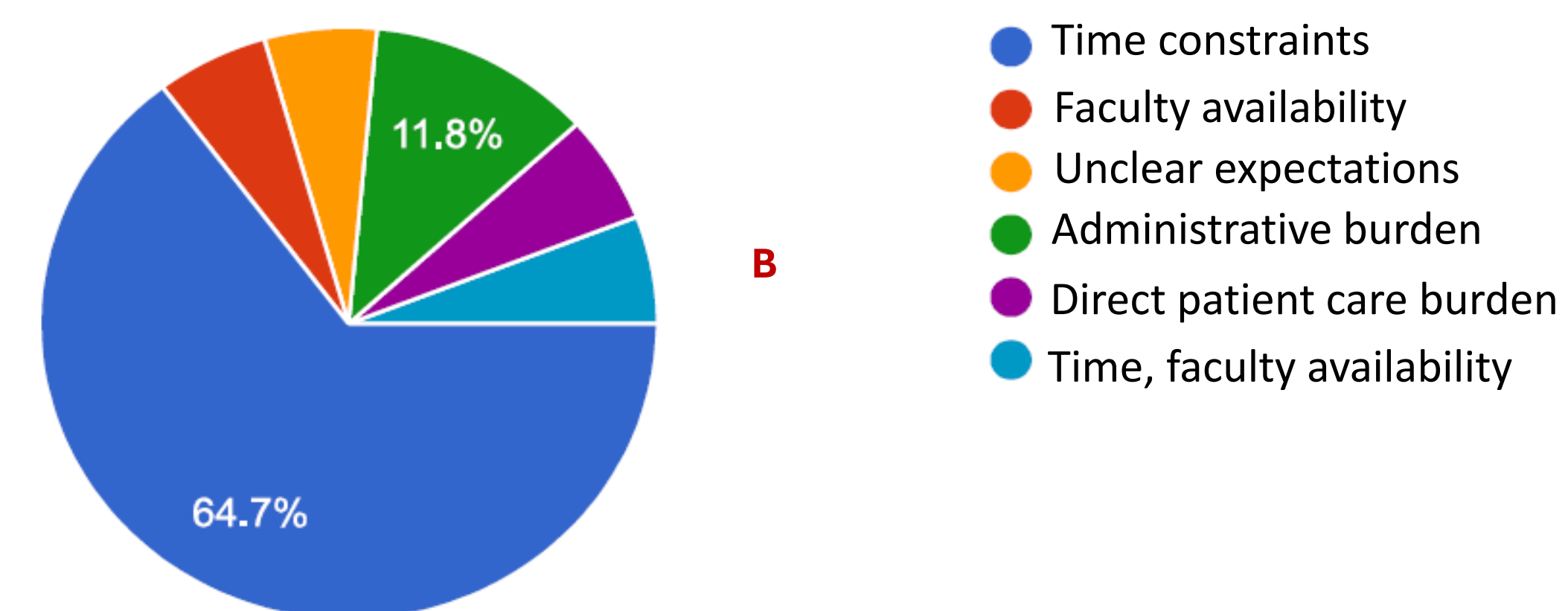
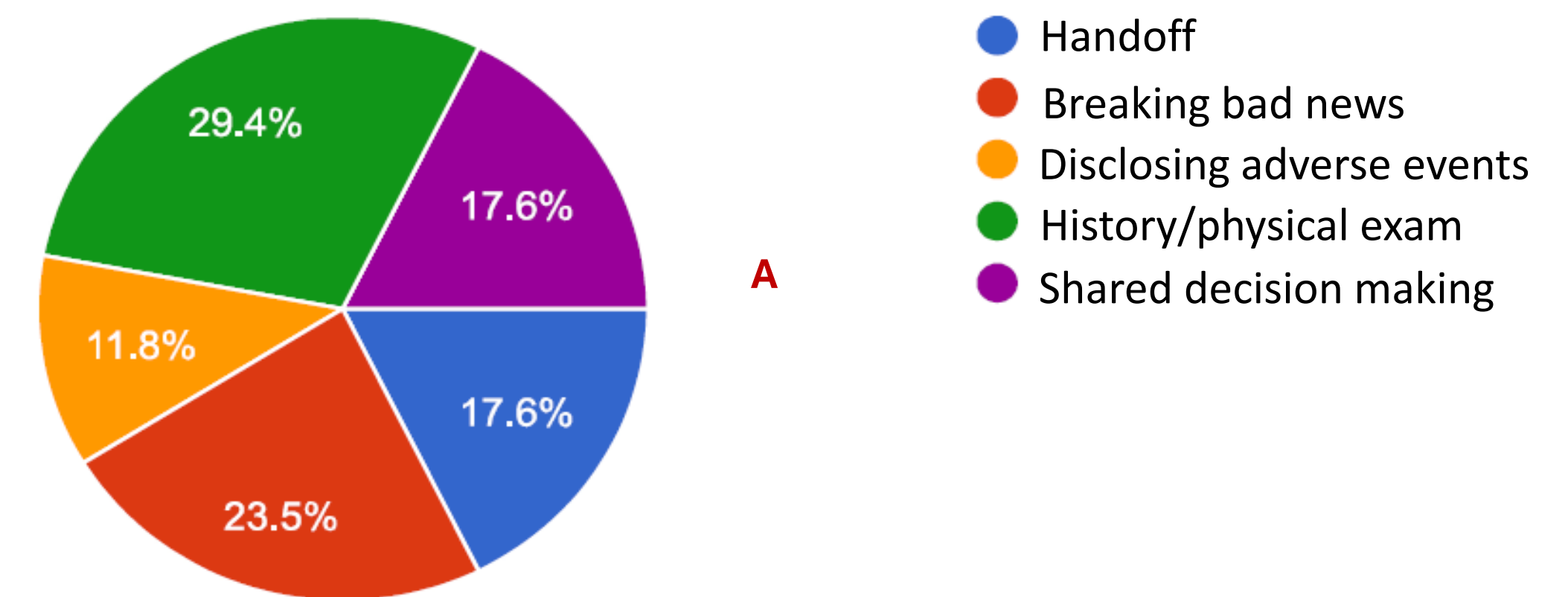
- ❖ Assess perceived needs and barriers
- ❖ Gauge pre- and post-implementation survey
- ❖ Integrate Faculty and Resident evaluation/feedback

Interventions/Changes

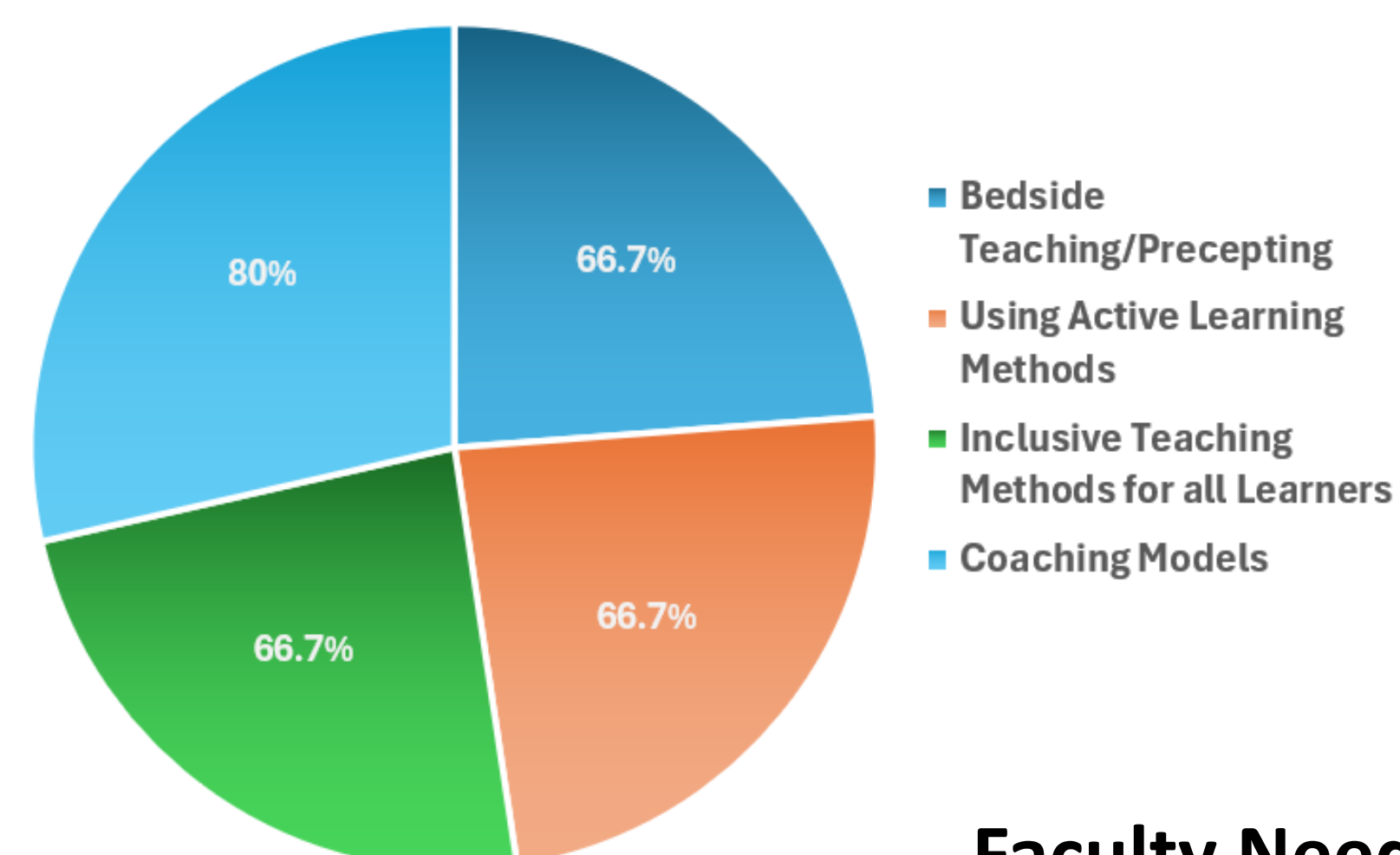
Direct Observation Evaluation Forms



Measures



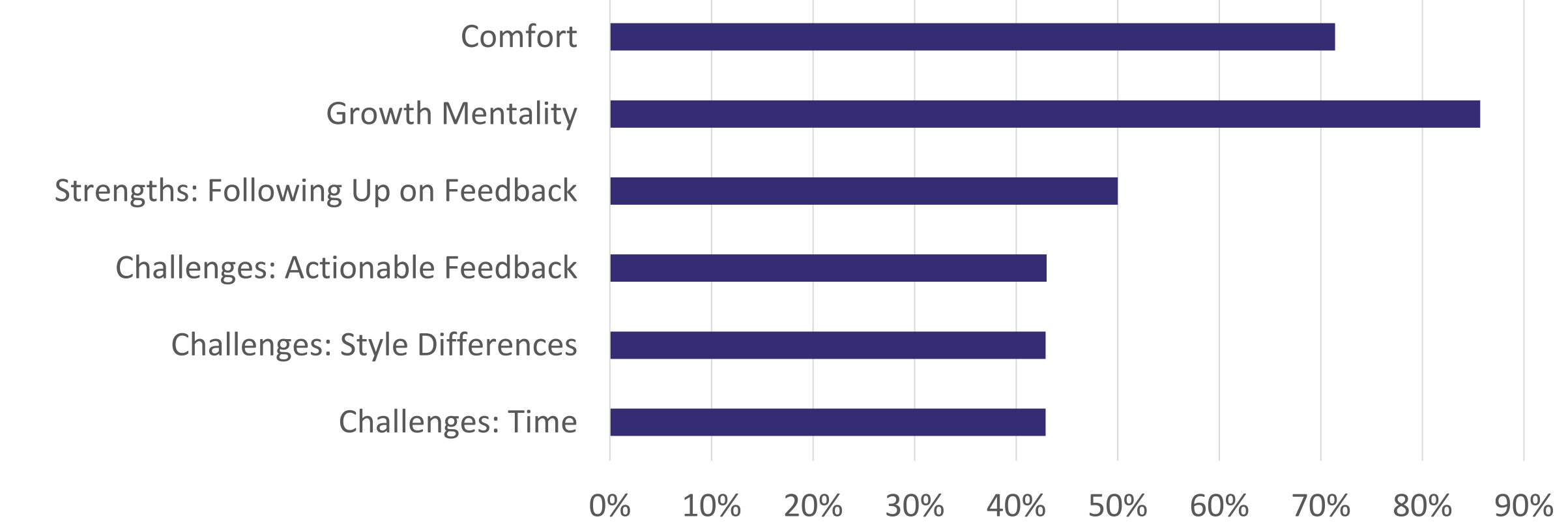
Resident Needs Assessment
A: Most important Skills/Behaviors
B: Barriers/Challenges;
C: How to Improve Value



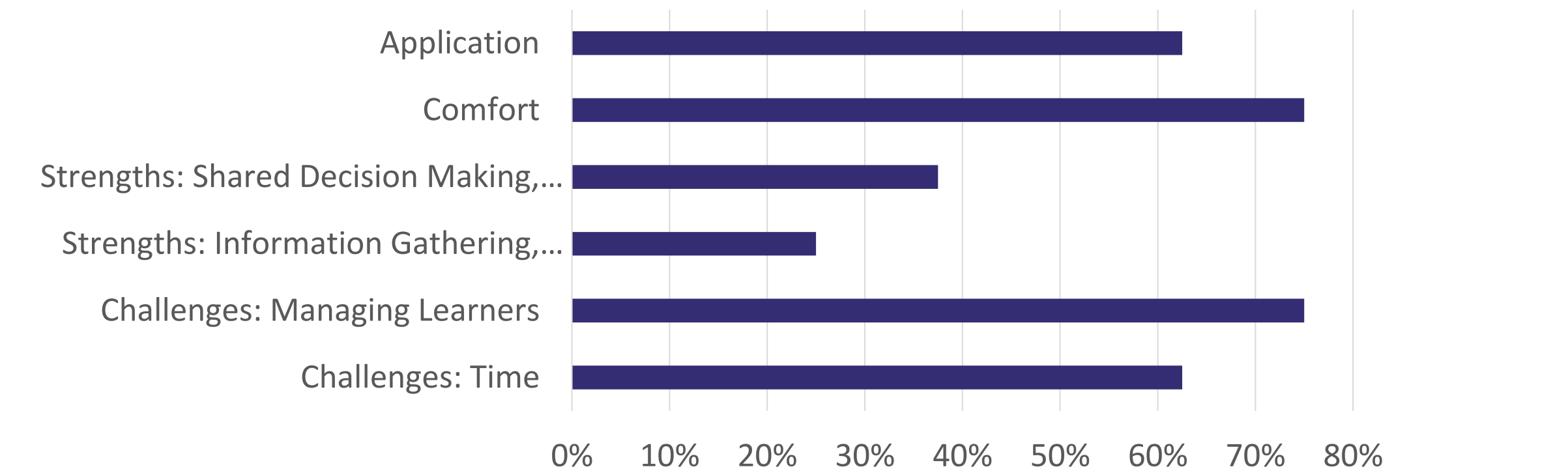
Faculty Needs Assessment
Faculty-identified areas for improvement in performing Direct Observations

Results: Preliminary

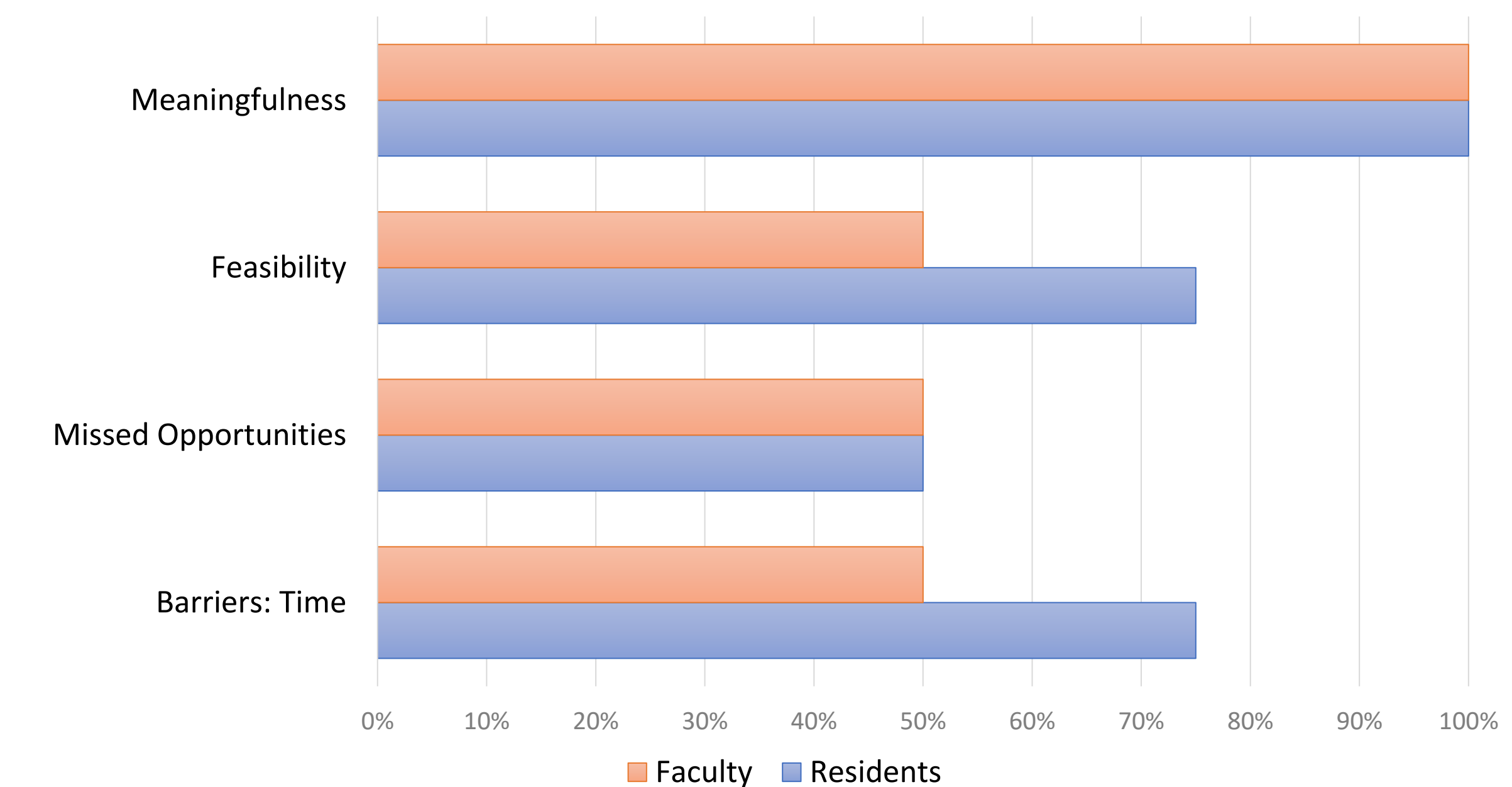
Resident Pre-Pilot Perceptions



Faculty Pre-Pilot Perceptions



Post Pilot Intervention Feedback and Perceptions



Discussion

- “Take Direct Obs to Direct Obs.”
- Currently missing granular detail about faculty strategies and scripting to make direct obs successful in the moment.
- Opportunity for “train the trainer” direct obs in future.




INTRODUCTION: BACKGROUND & CONTEXT

- **Climate change has known impacts on the health of the maternal-fetal dyad**
 - Extreme heat has been linked to increased rates of fetal growth restriction, preterm delivery and stillbirth
- Recommended standard percentage of overall medical waste disposed of as Regulated Medical Waste (RMW) is 15%, while the actual percentage is 50-70%
 - Incineration of regulated medical waste (“red bag waste”) emits greenhouse gases, heavy metals, toxins and particulate matter
- Work on labor & delivery (L&D) generates significant waste
 - 3-10% of total waste generated on L&D should be classified as regulated medical waste (RMW)

AIM | ALIGNMENT

- **AIM:** To decrease total L&D red bag waste by 10% through education of OB/GYN residents and faculty regarding the environmental impact of our work on our patients and proper waste sorting
- **ALIGNMENT:** Advocate Health is recognized as a Champion for Sustainability
- Aurora Sinai is in the top 20% of hospital applicants for sustainability programs




We All Have a Role to Play

 <p>Save Costs</p> <p>Proper sorting reduces RMW disposal costs by 20–40%, freeing resources for patient care.</p>	 <p>Protect the Planet</p> <p>Less incinerated waste means fewer toxins in our air, water, and soil for generations to come.</p>	 <p>Protect Our Patients</p> <p>A cleaner environment means healthier pregnancies, safer births, and better outcomes — especially for vulnerable communities.</p>
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INTERVENTIONS/CHANGES

LEARNING/ASSESSMENT TOOLS

1. **Quiz & Attitude:** 34 items to assess 3 domains of knowledge (ie, waste sorting, environmental impacts, Advocate Health’s sustainability priorities) and personal attitudes regarding sustainability efforts
2. **THE WASTE RACE**
 - Participants sort simulated waste into appropriate receptacles scattered about the room
 - Tracked for time to completion and accuracy
 - Brief debrief of accuracy / person
3. **BRIEF DIDACTIC**
 - Focused on quiz knowledge domains; and
4. **WASTE INFOGRAPHIC**
 - Adapted specifically to pertinent sorting guidelines to display on L&D

HOSPITAL WASTE SEGREGATION		
 <p>REGULATED MEDICAL WASTE</p> <p>“DRIPPABLE, POURABLE, SQUEEZABLE, FLAKABLE”</p> <p>EXAMPLES:</p> <ul style="list-style-type: none"> • BLOOD AND ALL POTENTIALLY INFECTIOUS MATERIAL • BLOOD ADMINISTRATION TUBING AND BAGS • DRESSINGS SOAKED WITH BLOOD • PATHOLOGIC WASTE (I.E. PLACENTA, CORD SEGMENT) 	 <p>SHARPS</p> <p>EXAMPLES:</p> <ul style="list-style-type: none"> • BROKEN GLASS CONTAMINATED WITH AN INFECTIOUS AGENT • NEEDLES AND PINS • BLADES, SCALPELS, RAZORS • STAPLES • EMPTY AMPULES • EMPTY SYRINGES WITH NEEDLE ATTACHED • EXPOSED IV SPIKES • USED SILVER NITRATE STICKS 	 <p>MUNICIPAL WASTE</p> <p>EXAMPLES:</p> <ul style="list-style-type: none"> • NON-CONTAMINATED PACKAGING • FOOD WASTE • USED PPE (GLOVES, GOWNS, MASKS, ETC) THAT IS NOT SATURATED IN BLOOD OR POTENTIALLY INFECTIOUS MATERIAL

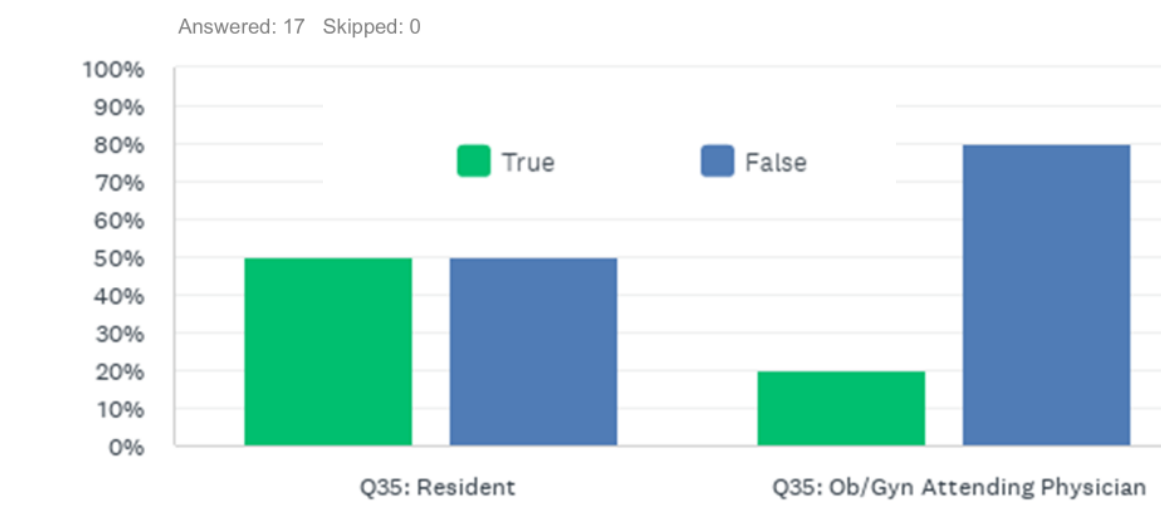


RESULTS: PRELIMINARY

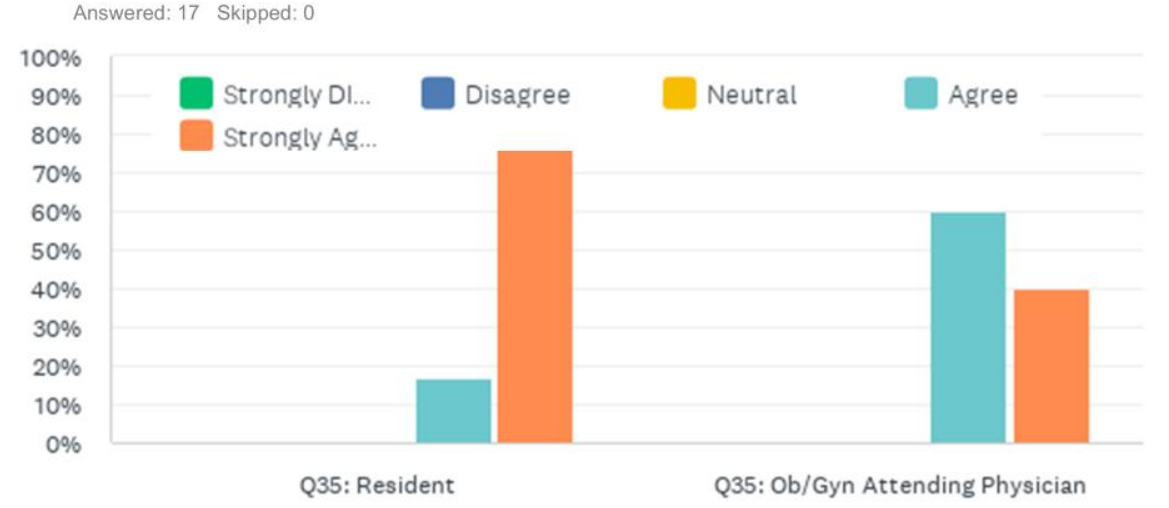
1. QUIZ & ATTITUDE

- N= 17: Residents=12; Faculty=5
- Mean: 69% | Range: 45-94%

Q6: Gown from vaginal delivery that has 5x5cm area of dried blood on one arm.



Q33: My individual actions make a difference in the environmental impact of waste disposal/processing at Aurora Sinai.



2. WASTE RACE

- N= 18: Residents=12; Faculty=6
- 18 Items: sharps (N=2): municipal (N=9); red bag (7)
- Time Range: 1.5-3 min



DISCUSSION

NEXT STEPS

- Approval for infographic posting in L&D
- **July 2026:** Orient new interns with quiz, race and brief didactic
- **Dec 2026:** Post Quiz and Waste Race
- Analyze weigh baseline, midpoint (June 2026), then post (Dec 2026)
- **Dec 2026:** Thank & reward L&D Tech for weights

CURRENT CHALLENGES

- Ensuring active & sustained participation
- Obtaining waste weights



MEASURES: PRE-POST

- **Waste Weights:** Obtain weights for the red bag and municipal was obtained from 40 vaginal deliveries
 - Calculate baseline percentages of red bag waste relative to total waste
- Knowledge Quiz + attitudes re: role in reducing waste
- The Waste Race

Introduction: Background & Context

The St Luke's Rural Family Medicine Residency offers primary care to homeless and domestic violence shelters on a walk-in basis, regardless of payment ability. A new "Street Medicine" curriculum, including point-of-care ultrasound and wound care, is being developed using non-traditional settings like shelter chapels. Resident knowledge, skills, and attitudes will be assessed before and after the rotation, and data will be collected on graduates continuing care for marginalized patients.

Aims/Objectives/Alignment

- Develop and implement a curriculum integrating ultrasound and wound care in new clinical environments.
- Evaluate residents' competencies before and after completion of clinical experiences
- Assess residents' knowledge, skills, and attitude in serving marginalized populations during residency, and after their post-graduate careers

Measures

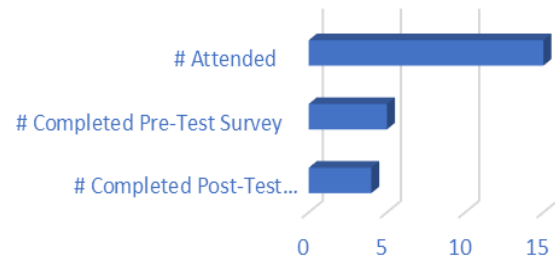
- Data will be gathered via the Research Electronic Data Capture System (REDCap)
- Residents will be surveyed during the Pre and Post periods of the project.
- Explore individual experiences, areas for ongoing improvement through discussion groups

Interventions/Changes

- All team members have completed IRB training.
- IRB approval has been received.
- The Wilderness, Street, and Rural Grand Rounds series has launched.
- Each Grand Rounds session includes pre- and post-tests to assess changes in attitudes related to the topic being presented.
- An overarching competency survey has been created and will be distributed to residents to measure baseline skills and attitudes prior to the Street Medicine rotation.

Results: Preliminary

Grand Rounds Session # 1



Discussion

- To boost attendance at Grand Rounds sessions and increase completion of the pre- and post-test surveys, we will release the survey to participants two days before each session with a reminder that the session will take place. This extended window is designed to make participation easier and improve overall response rates.
- To encourage participation in lectures, we will apply for and develop CME credits for the course
- To establish baseline skills and attitudes of residents, we will administer the resident competency survey prior to the Street Medicine rotation.
- We will continue to explore and implement methods to boost participation in the lecture series.



Introduction: Background & Context

- Family Medicine Residents partner with local laundry ministry to enhance their clinical learning environment
- Serving underserved and uninsured patients in Allentown who face barriers to traditional clinic care
- Conducting evaluations, providing screenings and offering health education during laundry cycles
- Connecting community members for follow-up care at Star Community Health, our local FQHC-LA

Aim/Objectives/Alignment

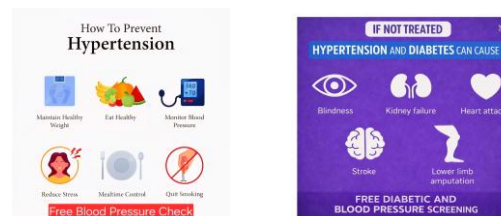
- Improve early detection and longitudinal management of chronic disease and existing behavioral health conditions by integrating point of care, screening, care coordination, and medication assistance treatment within our residency
- Directly address top priorities from our Community Health Needs Assessment (CHNA)



- Provide Residents with hands-on experience in addressing health disparities through direct service and community outreach
- Reinforce the principle that medical training and practice extend beyond the office walls, deeply rooted in the surrounding community

Interventions/Changes

- Universal screening for DM, HTN, Depression, and Anxiety
- Standardized EMR workflow + treatment algorithm
- Warm handoff to behavioral health
- Monthly team case review
- Educational Pamphlets



Measures

- Data will be ongoing
- Track the total number of community members served
- Monitor how many keep their follow-up care appointments



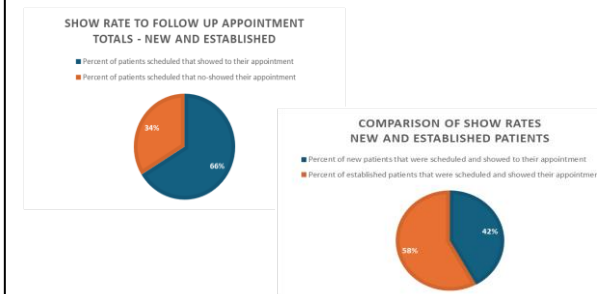
- Assess the impact on Resident education
- Administer surveys using REDCap (pre, mid and post rotation)
- Surveys measure changes in Residents' perceptions of clinical training and health disparities



Results: Preliminary

Patient metrics:

- 74 patients seen at the laundromat
- Out of the 74, 23 patients were scheduled for a follow up appointment



Resident metrics:

- Pre Survey Completion Rate: 7 surveys completed
- Mid Survey Completion Rate: 7 surveys completed

Discussion

- **What worked:** High Community Engagement and Immediate education impact
- **Challenges:** Lost to follow-up, Limited testing supplies, Documentation and tracking outside EMR
- **Future Direction:** Partner with social work and behavioral health, Add point of care testing, Expand to additional community spaces, Analyze trends from completed resident surveys (pre, mid and post)



Aaron Williams, MPS, CPPS | Jennifer Wellington, DO, MSC | Emily Harrison, MBA | Jennifer Molino, PT, DPT, WCS, CPPS | Daniel Handel, MD, MBA, MPH | Suzette Caudle, MD

Introduction: Background & Context

For nearly a decade, GME and Patient Safety have collaborated to involve yr 1 residents/fellows in patient safety event analyses.

We are ready to develop a pathway for activated advanced learners to dive deeper into patient safety principles and practice.

Aim/Objectives/Alignment

We **aim** to develop a Pathway of Distinction in Patient Safety for all residents and fellows who wish to deepen their expertise in high reliability science, cause analysis, and systems thinking. We will pilot aspects of the pathway over the coming months, and have a final pathway by March 2027 to be offered AY 2027-28

Supports Strategic Organizational Priorities This project directly aligns with Advocate Health's Rewire 2030 and our strategic differentiator "build the pre-eminent national academic and innovation ecosystem" while **improving health and safety outcomes**. Also:

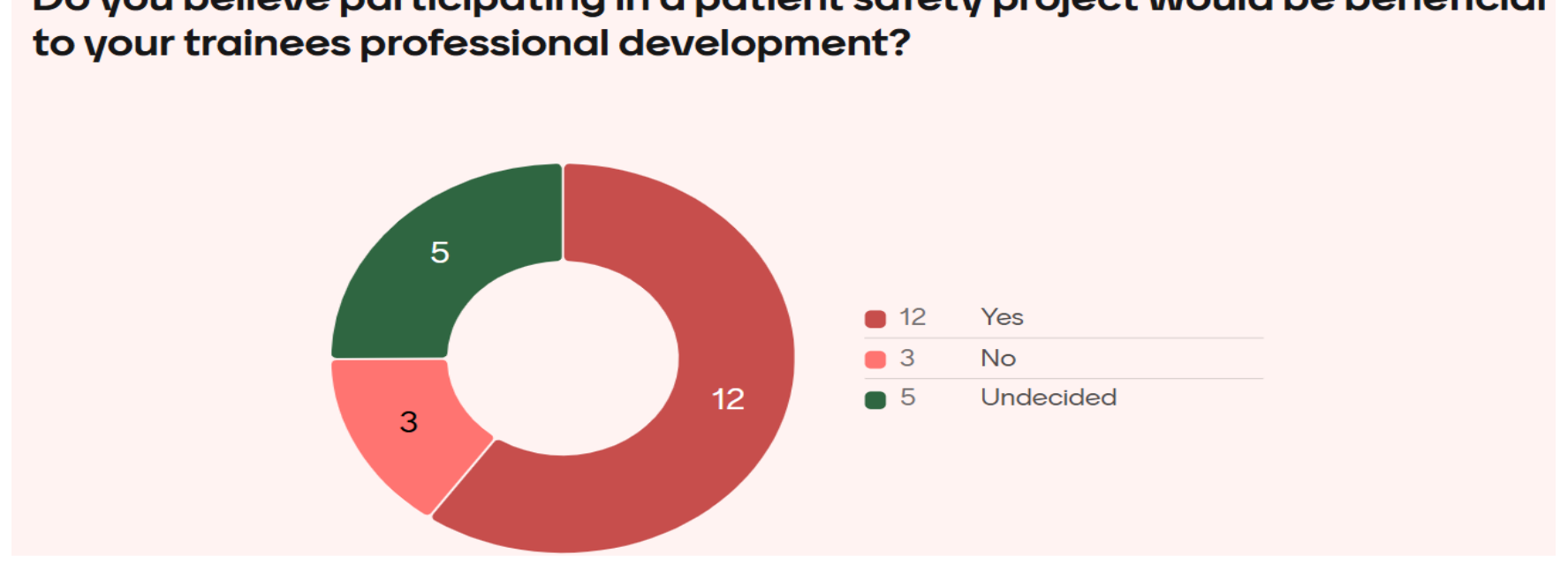
- Enhance **Psychological Safety and Just Culture** across **clinical learning environments** impacts **all teammates**.
- Prepare **future patient-safety leaders** for Atrium Health and the broader healthcare community.
- Potentially enhances **retention**
- Supported by Executive Leadership
- Supported by Data & National Guidance

Interventions/Changes

- Internal needs assessment survey conducted by project team to determine top 3 pilot and incentive ideas

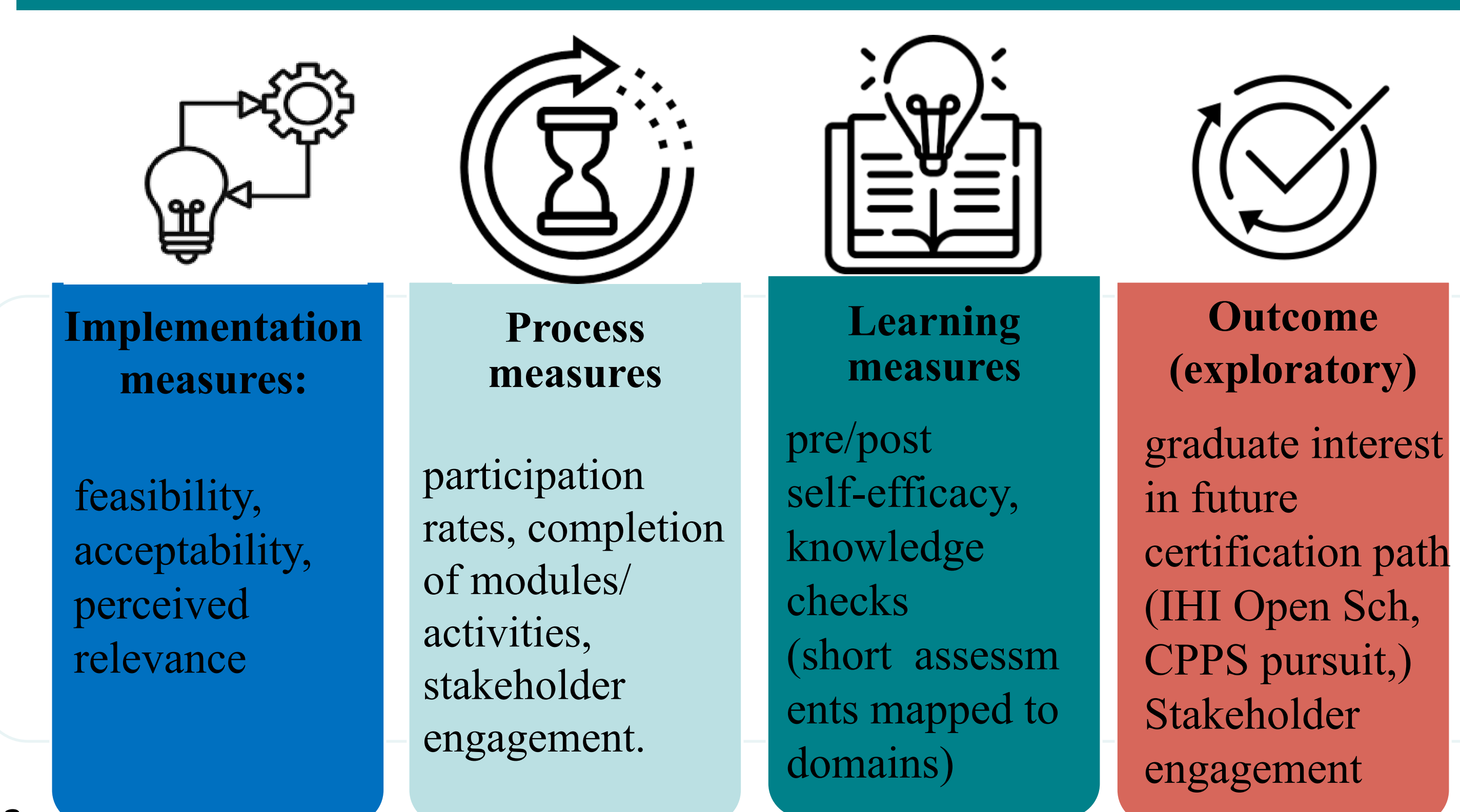


- Conducted internal survey of program directors



- Conduct internal survey of residents/fellows - identify preferred learning formats
- Pilot the top items over the next 6-9 months
- Finalize curriculum: in-depth education & applied experience in pt safety science, event analysis, risk id, high reliability training and systems improvement.

Measures



Results: Preliminary

PD Survey
-92% of PDs surveyed cited flexibility in their curriculum for a self-paced, year long patient safety track

PD Survey Resident/Fellow Survey	Curriculum Outline
Preferred learning formats	Cohort /Pilot design

Discussion

- Next Steps**
- Clarify incentives for pilot participants
 - Select pilot cohort(s) with PD partnership
 - Schedule pilot activities
 - Draft full curriculum outline
 - Submit IRB

Challenges	Strategies
IRB approval pending due to project restructuring	Submit protocol with clear educational framing
Identifying an initial diverse cohort across programs	Partner with PDs to nominate residents/fellows via defined criteria's
Concurrent pilots may blur trainee preferences	Collect activity-level feedback and brief debriefs

Running concurrent pilot activities may limit preference comparisons but may accelerate learning and feasibility testing.

Brittany Ducote, M.B.A.; Rajiv Gala, MD; Amy Lin, MD; Anna White, MD; Roneisha McLendon, MD; Donna Guidroz

Introduction: Background & Context

At Ochsner, our project goal is to create a unified, institution-wide approach to faculty development that strengthens teaching quality and advances academic excellence across the Clinical Learning Environment (CLE).

By consolidating previously siloed efforts into a structured, measurable program, the initiative supports faculty in developing their educator identity, engaging in lifelong learning, and contributing meaningfully to a high-performing clinical training culture.

Grounded in the ACGME Clinical Educator Milestones, the program integrates self-reflection, mentorship, and evidence-based teaching practices while aligning with broader institutional priorities.

Aim & Objectives

Through phased implementation the project aims to enhance teaching effectiveness, improve feedback and assessment practices, and foster a more inclusive, psychologically safe CLE.



Alignment & Organizational Priorities

Our project is grounded in our organizational core values at Ochsner Health New Orleans. Striving for **excellence**, we aim for the highest standards in supporting the education and academic mission with a central focus on valuing our **patients** and providing **compassionate care**.



Methods: Interventions

Phase 1: Final Prep (Jan–Jun 2026) — Finalize curriculum materials, secure facilitators, complete IRB submission, and establish baseline measurement tools.

Phase 2: Curriculum Launch (Jul–Dec 2026) — Launch all three arms (Resident as Teacher, Clinical Educator Series, Academic Leader Coaching Program) and begin initial data collection.

Phase 3: Pilot Refinement & Expansion (Jan–Jun 2027) — Evaluate early implementation, refine modules using feedback, and expand participation across programs.

Phase 4: Full Institutional Integration (Jul 2027–Jun 2028) — Embed curriculum components into routine faculty development expectations and into GME/UME evaluation systems.

THREE ARMS OF FACULTY DEVELOPMENT

RESIDENT AS TEACHER SEMINAR

Fosters growth mindset and educatorship among residents

CLINICAL EDUCATOR SERIES

Guides faculty interaction with any level of learner (UME and GME)

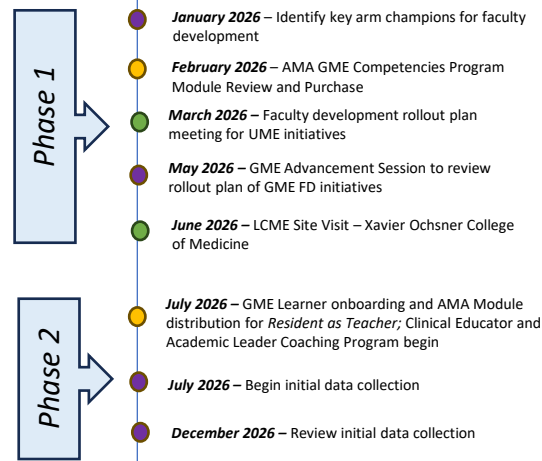
ACADEMIC LEADER COACHING PROGRAM

Supports growth of academic leaders and aids in the development of coaching skills

Methods: Measures/Metrics

- Increase faculty participation to at least 60% of eligible faculty by June 2027.
- Improve teaching effectiveness scores by 10% across UME/GME evaluations within the first year of implementation.
- Demonstrate milestone growth for at least 70% of participants between baseline and 12-month follow-up.
- Enhance CLE culture metrics (psychological safety, inclusivity, feedback quality) by 5–8% as measured through annual surveys.

Results: Preliminary



Discussion

Critical Next Steps

- Finalize curriculum materials and rollout logistics for July 1, 2026
- Complete IRB determination and prep data-collection tools
- Identify facilitators and departmental champions
- Launch communication plan and onboarding for faculty/residents
- Begin baseline measurements for engagement and educator milestones

Current Challenges / Areas for Input

- Selecting the most effective delivery format(s) for busy clinical faculty
- Ensuring equitable participation across departments with variable workloads
- Integrating new milestone assessments into existing evaluation systems
- Aligning faculty development expectations with institutional incentives
- Building sustainable coaching capacity for academic leaders

Introduction: Background & Context

- Simulation-based learning has been shown to be a highly effective learning modality for collaborative training, particularly in the healthcare field where teamwork and communication are critical for effective and appropriate patient care



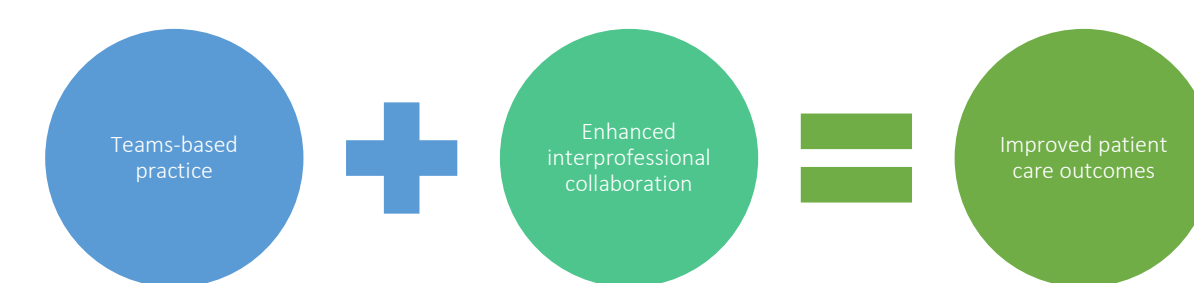
Aim/Objectives/Alignment

- We aim to enhance the preparedness of our learners through evidence-based simulation training
- Evaluate the added value of interdisciplinary simulation to address gaps in



Project Alignment with Organization

- We align with our broader objectives as an organization to use data driven methods to inform curriculum design and foster continuous improvement



Interventions/Changes

- Implementation of collaborative simulation training sessions involving internal medicine residents and novice nurses
- Each learner is given pre and post simulation surveys with Likert scale items and open-ended responses
- Structured debriefs occur post-simulation to promote reflective learning, feedback exchange, and professional identity formation
- Plan to integrate findings into curriculum development for sustained impact
- No changes have been made to the surveys or simulations yet

Measures

Primary outcomes:

- Change in mean domain scores (pre → post) for:
 - Self-confidence
 - Debriefing satisfaction
 - Perceived clinical decision-making skills

Secondary outcomes:

- Subgroup analyses by:
 - Profession (nurse vs resident)
 - Year(s) of training
 - Clinical experience

Purpose:

- Quantify simulation effectiveness for perceived confidence and competence in high-stakes teamwork, communication, and decision making
- Identify domains and participant groups needing additional focus

Results: Preliminary

- Preliminary (ongoing study)
- Marked improvement in communication, role clarity and clinical decision-making confidence after simulation

Measure	Nurses (n=33)		Residents (n=20)	
	Pre-simulation	Post-simulation	Pre-simulation	Post-simulation
Confidence in closed-loop communication	70%	97%	76.5%	95%
Not comfortable sharing critical info in timely manner	53.3%	6%	17.6%	5%
Do not understand role (role clarity)	43.3%	3%	29.4%	0%
Not comfortable expressing concern	29.9%	6%	23.5%	5%
Confidence in identifying/prioritizing clinical problems	—	—	59%	95%
Confidence in anticipating complications	—	—	65%	100%
Confidence in choosing intervention	—	—	65%	90%

Discussion

Current steps

- Active involvement of teams of residents and nurses in simulation.
- Ongoing data collection

Interpretation of Preliminary Results

- Significant improvement in post simulation data.

Next Steps

- Completion of survey collection.
- Full statistical analysis of pre and post simulation outcomes.
- Expansion of simulation curriculum to other clinical units.

Important Caveat

- Small sample size due to incomplete data collection
- Self-reported measures

DATA-INFORMED IMPLEMENTATION OF AMBIENT SCRIBE TRAINING: TRACKING ADOPTION AND PERCEPTIONS IN A FAMILY MEDICINE RESIDENCY

Jessica Sefen MD; Kevin Lee MD; Alonzo Jalan MD; Meinuo Chen Baca MD; Bonnie Bobot MD; Samantha Ladin BS;
Stephanie Malusic BAsC; Collin Spencer DO; Wilhelm Lehmann MD, MPH; Keyonna Taylor-Coleman MD; Deborah Simpson PhD

INTRODUCTION: BACKGROUND & CONTEXT

- **AI** is rapidly being implemented within the field of medicine; utilized by residents & faculty alike
- **Exponential development** in modern technology, challenges training curriculum to keep pace
 - With correct use education
 - Clearing misconceptions
 - Addressing concerns
- **AI ambient documentation** has been shown to have a lower error rate than traditional voice recognition software
- **Training** will initially focus on ambient scribe tool (Nuance DAX Copilot) as it is the most used within our organization

AIM | OBJECTIVES | ALIGNMENT

ALIGNING WITH ADVOCATE HEALTH'S STRATEGIC PRIORITIES:

AIM: To provide faculty and residents within our residency program with structured training and education to effectively use AI-assisted documentation tools and improve patient care through strategic leveraging of clinical AI use

OBJECTIVES:

- Promote ethical, effective, efficient and transparent use of AH-approved AI tools (DAX Copilot ambient scribe)
- Address cognitive never skilling/deskilling
- Identify and address barriers to optimal use and concerns that arise when utilizing AI tools
- Establish and implement AI milestones to provide a framework for educational interventions and effective oversight by attending faculty
- Use data-driven insight to guide rollout of clinical tools for incoming trainees and provide focused training topics

INTERVENTIONS/CHANGES

EDUCATION

Current focus is primarily on Ambient Scribe (DAX Copilot) with acknowledgment of other tools

- AI Milestones
- Formal Didactic Teaching
- Teachable Moments
 - Residents/Faculty Meeting
 - Precepting/Staffing
 - "Check Out" Discussions around AI use

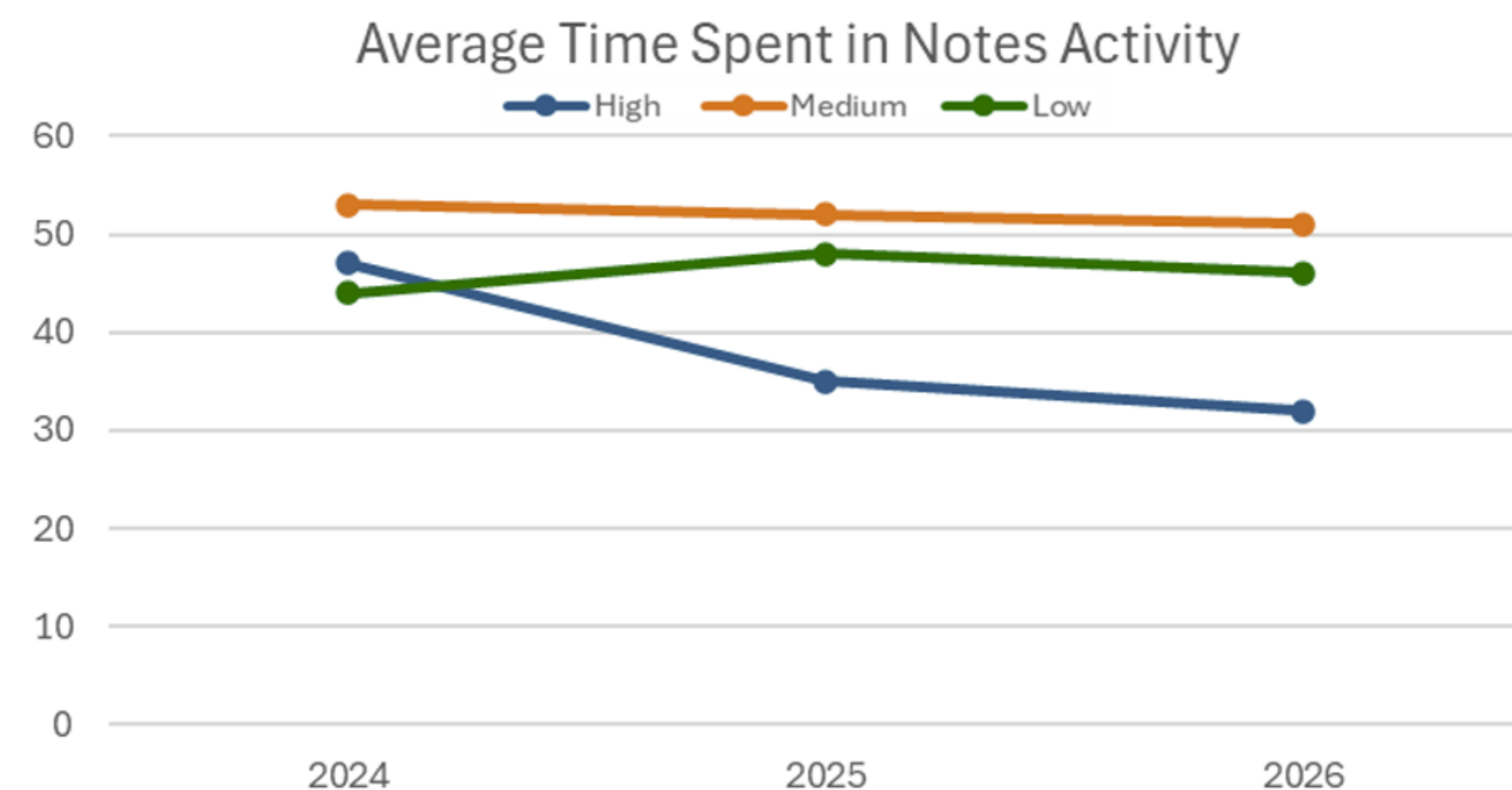
ADDRESSING TECHNICAL BARRIERS

- Integration other platforms (Android, native Epic software integration)

MEASURES

- MedHub AI Milestone
- EPIC analytics for AI use, (utilization, frequency)
- Pre-Post AI Use Survey for faculty/residents
- Technology Adoption Model (TAM) discussion themes

RESULTS - EPIC



- **In 2024** (pre-ambient), the 3 cohorts already differed in average note-writing time
- **In 2026**, high ambient users showed an average reduction of **15 mins** per note over time

RESULTS CONTINUED

DAX COPILOT USAGE SURVEYS

- **Baseline:** June 2025 (N=44; Residents 24, Faculty 20)
- **Midpoint:** Feb 2026 (n=34; Residents 18, Faculty 16)
- **Residents:** The proportion reporting low/no use (Never+Rarely = <10% of encounters) was unchanged
 - 50% in June '25 [12/24] vs 50% in Feb '26 [9/18]
 - Distributions varied by PGY-level suggesting a heterogenous uptake across cohorts as opposed to a program-wide trend
- **Faculty:** % reporting low/no use increased
 - 30% in June '25 (6/20) to 37.5% in Feb 26 (6/16)

TAM: THEMES FOR SOCIAL INFLUENCE (what drives uptake)

- Peer effects: seeing others complete charts quickly; peer pressure; word of mouth
- Supervisor/leader influence
- Concern: How to evaluate/feedback on AI assisted work

DISCUSSION

NEXT STEPS

- Implement structured sessions for faculty and residents in existing forums around selected AH tools and associated milestones elements (eg, ethics, transparency, policy - aligned with AI milestone elements)
 - Formats? AI Course? 1-pager or infographic on what AI Tools as a quick & easy how to use.?
- Identify Faculty & Residents as AI Champions as examples and advocates for appropriate use (TAM: Social influence)
- Assess adoption rates with Android roll out

CURRENT CHALLENGES

- How to prioritize AI within jammed curriculum?
- Address patient concerns re use of AI during clinic visits
- Pace of AI evolution may be overwhelming
- Adoption (TAM) – Addressing perceived
 - Utility + Ease of use + Barriers

